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PATENT  
Docket No.: 20959/2130 (P 63013)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) :	Moszner et al.	)	Examiner:
		)	Melba Bumgarner
Serial No. :	10/656,465	)	
Cnfrm. No. :	8449	)	Art Unit:
		)	3732
Filed :	September 5, 2003	)	
For :	DENTAL POLYMER FILM	)	

RESPONSE TO RESTRICTION REQUIREMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

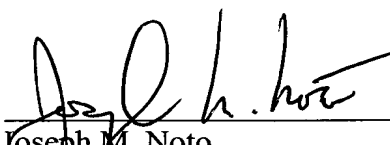
Dear Sir:

In response to the requirement for election of invention mailed February 2, 2005, applicants hereby provisionally elect, with traverse, the subject matter of Group I, claims 1-19 and 24, drawn to a dental polymer film. The restriction requirement between the inventions of Groups I and II is improper because the respective fields of search are closely related. Therefore, there would be no undue burden imposed by the examination of the claims of Group I together with the claims of Group II. Examination of all the claims of record is next in order, and such action is hereby earnestly solicited.

Respectfully submitted,

Date:

2/11/05

  
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Certificate of Mailing - 37 CFR 1.8(a)	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450, on the date below.	
<u>Feb 11, 2005</u> Date	<u>Ruth R. Smith</u> Ruth R. Smith



## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/656,465	
	Filing Date	September 5, 2003	
	First Named Inventor	Moszner	
	Group Art Unit	3732	
	Examiner Name	Melba Bumgarner	
Total Number of Pages in This Submission	2	Attorney Docket Number	20959/2130 (P 63013)

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (\$ _____) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request (\$ _____) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement (\$ _____) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notice to File Missing Parts/Incomplete Application (\$ _____) <input type="checkbox"/> A copy of the Notice to File Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition (\$ _____) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer (\$ _____) <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (\$ _____) (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> Check in the amount of \$ _____
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Joseph M. Noto Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1601 Fax: (585) 263-1600	Registration No. 32,163
Signature		
Date	2/11/05	

### CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]

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- ☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) \_\_\_\_\_

Feb. 11, 2005  
Date

Signature  
Ruth R. Smith  
Typed or printed name